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PARTIAL DILATATION AND RUPTURE OF LEFT VENTRICLE OF THE HEART, WITH EFFUSION OF BLOOD INTO THE PERICARDIUM. POST-MORTEM EXAMINATION.

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[Communicated for the Boston Medical and Surgical Journal.]

On the 5th of October, 1850, I was called to see Mr. ———, æt. 70 years. The history of his case, as obtained from himself and wife, was, that he was taken ill on the night of the 25th of September, eleven days previous to my visit, with chilly sensations, severe pain in the region of the heart, extending through the back and shoulders and left arm, down to the insertion of the deltoid muscle, and into the elbow-joint; laborious respiration, with an anxious desire for fresh air. In short, his symptoms indicated a genuine attack of angina pectoris, which did not, however, occur again during his illness. The urgent symptoms were of short duration, not exceeding an hour. But considerable tenderness, fulness and uneasiness remained about the region of the heart, with an inability to lie on the left side. A slight pain was occasionally felt, and continued to recur until my first visit. At this time I found he had partially fainted, and was slightly convulsed, with momentary loss of consciousness. The impulse of the heart at this time was very feeble; the pulse slow, small and intermittent; great prostration of the vital powers; countenance pale and sunken; cold extremities; profuse perspiration. with difficult and laborious respiration. The violence and urgency of these symptoms subsided in the course of an hour or two; pulse became regular, yet rose to 130 beats per minute in the course of the day.

When I visited him on the ensuing day, Oct. 6th, I found he had passed a very comfortable night; his appetite was good, bowels regular, urinary secretion normal; pulse 125, small and feeble; a slight sense of pain, fulness and tenderness about the region of the heart, though not to the same extent as the day previous.

I continued to visit him daily until the 14th, during which time the pain and uneasiness about the heart had almost entirely subsided, but the frequency of the pulse continued, varying from 120 to 125 per minute. His general health had so much improved at this time, that he resumed his business at his office as usual. I discontinued my attendance, and did not see him again until Thursday morning, Oct. 24th, when I was

called in great haste. I found him laboring under a severe paroxysm of palpitation of the heart, with a frequent, small, feeble pulse, nearly imperceptible at the wrist; countenance pale and sunken; respiration laborious; dry hacking cough; hoarseness of voice, profuse sweating, and cold extremities, with rapid sinking of the powers of life, threatening immediate dissolution. These symptoms continued most of the day, taxing all our efforts to keep the vital spark from ebbing away. His appetite now for the first time failed, and there was nausea, with occasional vomiting; flatulence and constipation of the bowels were also present.

Paroxysms of palpitation of the heart, with sinking of the vital powers, continued to recur at irregular intervals for seven to eight days, though with less and less severity, until they nearly ceased, three or four days previous to the fatal termination of the case. As the paroxysms of palpitation and sinking gradually declined, the action of the heart became more regular. The pulse also became slower, fuller, and more regular. The muscular power gradually improved, so that he was able to raise himself up in bed with comparative ease. The functions of the brain were most perfect through the whole course of his illness. The mind was clear and tranquil, and his spirits buoyant and happy. A peculiarity worthy of remark in this case, was the alternate violent and tranquil respiration. He would doze a few minutes calmly, then start up with a convulsive spring, with hurried and laborious respiration, and then sink down into the same quiet state as before. These alternations continued to recur for the last week or ten days of his life. Ordinarily the heart's action was weak and feeble; and during a paroxysm of palpitation its beats were quite distinct. There was dulness on percussion over the chest, corresponding to the apex of the heart, of two inches and a half in diameter. Valvular diagnosis clear and distinct. External jugulars turgid and swollen. The tongue was slightly coated at first, but towards the close became covered with viscid, tenacious mucus and sordes. A strong desire for acid fruit and drinks was present, and continued until near the fatal termination. This occurred suddenly on the evening of the 8th of November.

Post-mortem Appearances.—An examination of the body was made thirty-six hours after death, in which I was assisted by Drs. A. B. Shipman and Wm. M. Smith.

Thorax.—On raising the sternum, the *pericardium* was observed to be very greatly distended and firmly adherent to the diaphragm. On opening the pericardium, it was found filled with bloody serum and coagula. At the apex of the left ventricle was a dark livid mass, two inches in diameter, and an inch or more in thickness, beneath the pericardium, composed of layers of coagula and organized lymph, arranged in alternate patches, and having strength sufficient to prevent the escape of blood for months and perhaps years. An opening was traced about the size of a crow quill, beneath the external layer, from which the fatal extravasation had taken place. Beneath this tumor the muscular fibres of the heart were very thin, and in the centre entirely wanting. The layers of coagula and lymph, together with the firmly adherent

pericardium, gave such support to the weakened portion of the heart as to preserve its functions for a long time. It was a beautiful illustration of the conservative powers of the system in patching up (for a time at least) one of the most important vital organs of the body. It is highly probable that a slight effusion of blood took place from time to time, while by quickly forming coagula and subsequently lymph, the mischief was repaired, and this was again and again repeated until the last atal effusion. The lungs were perfectly sound, but there were two or three quarts of serum in the cavity of the chest. The stomach, liver, spleen and pancreas, as well as the other organs in the abdomen, were in a normal condition.

LETTER FROM THE EDITOR ON MEDICINE AND SURGERY IN EGYPT.

[Concluded from page 134.]

As mentioned in some preceding letters, a variety of medical adventurers hover in and about Cairo and Alexandria, because, in some cases, there seems to be not another place to rest the soles of their feet. Like Noah's dove, they go abroad from their homes in Europe, in the strength of hope, the profession being multiplied there beyond the demands of the people. They thus sometimes fly almost to the ends of the earth—and it will be admitted Egypt is about the terminus; but, unlike Noah's dove, if they fail of success, they cannot conveniently return to the ark from whence they went out. Some of them succeed admirably, provided they obtain the patronage of the merchants among their own countrymen here, for they have the wherewithal to increase the store of a physician. The security which Mahomet Ali gave to the lives and property of foreign merchants, induced multitudes of them to settle in this granary of the old world. English physicians are the best paid; and the Italians, worthless as some of them are, the next. Arabs, even sheiks, the heads of villages; mechanics, shop-keepers, and others, possessing means, are miserable paymasters to the physicians; still they are always wanting advice and surgical assistance. "Only cure," is a common remark, "and the best cow in the herd, my courser, &c.," are promised to be forthcoming; but they never come. Those who have most reputation in their view—those who make the blind see, by pricking their eyes, and stop the growth of scrotal enlargements—a complaint that is quite prevalent—have no security of payment for their services till a certain sum in current piastres is laid upon the table. What is thus obtained is all that ever will be paid them, and consequently the course is quite justifiable. It strikes me that an accomplished dental surgeon would find his account in settling at Alexandria. If any dentists are there now, they can have no extended reputation, or I should have heard of them. It would be quite impossible to realize such prices, however, as they obtain in the United States.

Apothecaries seem to have good picking, particularly in Alexandria, where they have possession of one side of a street. Perhaps, like spiders in a bottle, they live on each other—for it is not by putting up pre-

scriptions for Arab customers, that they thrive. By combining sugar plums, tooth-washes, fancy soaps, and such kinds of showy nick-nacks as have gradually crept into drug-shops all over christendom as well as here, the paras are probably gathered quite rapidly.

French medical works are most in vogue: how much they are studied, is another matter. As for keeping up with the improvements and discoveries of the day, no one appears to think of it. Consequently a copy of any medical journal is a rarity. Possibly one may be taken by some of the English physicians; yet I have not seen one in any office in Egypt, to my recollection. Nor does any one appear ambitious to record or publish the results of his observations on the diseases of the country.

A few days before sailing from Boston, in April, 1850, a letter was received from my much-esteemed friend, Dr. Mussey, of Cincinnati, urging me to investigate that horrible disease, leprosy; and while at Athens ascertain respecting the prevalence of acute rheumatism there during the last 2500 years—and lastly, to inquire concerning the existence of intermittent fever, of five days' interval between the paroxysms, for the same long period. I have not been unmindful of the request. When I reach Damascus, the first will be looked after; and in Greece, whoever has a twinge must expect to be mulled over pretty thoroughly, on the doctor's account. Some of the old aches that were engendered in myself by years of exposure in an open boat during my connection with the external health department of Boston, give occasional intimation of their whereabouts between the shoulder and the elbow of the left arm, even in the bland climate of Egypt. This is the more extraordinary, as during the warm weather in New England there was a complete exemption from rheumatic troubles. As an indication of the temperature here during the whole of January, it may be mentioned that the musquitoes are so pestiferously annoying, that the bed must be secured by a muslin net, or the sleeper would find himself sucked as dry in the morning as one of the baked monks of St. Bernard.

I cannot deny myself the pleasure of adverting to Dr. Mussey's widely-promulgated anathemas against the use of tobacco—the habitual use of which is as much objected to by myself as by that staunch apostle of temperance in eating, drinking and smoking. But with all his zeal, his philanthropy, his bold arguments and cogent reasoning on this subject, in Egypt he would find stumbling-blocks in the way of his conclusions, that would be worse to manage than a hogshead of the best Kentucky in the market. Men, from childhood, smoke incessantly in Egypt. They smoke everywhere and under all circumstances. There is no cessation—not an hour when a cloud of curling smoke is not ascending. It is the first and prominent civility to hand a pipe—and smoke you must, or suffer under the imputation of being no gentleman; and were that good man of Cincinnati sitting where this sentence is written, he would himself smoke, like every one else here. People live long enough, in all conscience, notwithstanding this everlasting smoking; for they outlive their usefulness—outlive everything but animal wants—live, some of them, till everybody wishes they were dead! I have not been

an inattentive observer of the smoking mania in Germany, and other parts of continental Europe; on the contrary, a strict inquiry into the moral and constitutional effects of the habit, very judiciously called a vice, was instituted as I travelled from kingdom to kingdom where it prevailed; and I have arrived at the gratifying conclusion that if persons wish to smoke, they may, and I shall not waste my breath in warring against the habit.

Another kind of smoking is practised in Egypt, and probably in Syria, unknown to us in America, viz., that of Indian hemp. Cigars are charged with it, and there are apartments where individuals may go and draw in, through a long pipe-stem, a kind of smoke that exalts a dirty, barefooted rascal into an imaginary prince. In a few minutes he sees the gates of a Mahomedan paradise, gazes wildly towards the sky, and laughs till all consciousness passes away, and he falls into a lethargy of considerable duration. I suspect it is hemp, and not opium as generally supposed, with which cigars are drugged, and made the instruments in the hands of designing men, in London and other great cities on the Continent, for the perpetration of many dreadful crimes.

I have collected many curious and novel facts, illustrative of the dietetic regimen and social habits of Arabs, Jews, Nubians, Abyssinians—slaves and freemen—with whom I have had as much acquaintance as is desirable, in their own countries: but how or when they are to be used, is uncertain. A knowledge of them would sadly unhinge some excellent theories of our regenerators of society. Were they to attempt the introduction of some of their hobbies into these countries, they would be laughed at as fools; and after the blush of mortification at the absurdity of their moonshine propositions had subsided, they would laugh themselves at their own stupidity and narrow-minded conceptions of the elements of humanity.

On the way to Beyroot, Feb. 4, 1851.

[It is gratifying to have the views which were expressed by us a few weeks since, on the subject of extracting needles, coincided in by a surgeon of so much experience as Professor Shipman. We are also glad to learn that he contemplates furnishing a series of articles for the Journal. He has long been an occasional and acceptable contributor, and is one of the select but gradually lessening number of those whose subscription to the Journal dates back a full quarter of a century.—Ed.]

ON EXTRACTION OF NEEDLES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Much has lately been said on extraction of needles in the flesh, and I am going to throw in my mite while the subject is up. I have seen much mischief in cutting for a needle, or a portion of one; more, in my opinion, than by leaving it to itself; for it has never been my misfortune to meet with a case where the foreign body did not find its way to the surface, and then it is easily extracted. The inside of the hands and soles of the feet are the parts most liable to be injured; and

if the surgeon begins his search in these situations in the expectation of finding what he is searching after, he will in most instances be disappointed. The tendons, fascia, muscles and nerves of the hands and feet cannot fail of being much injured, and the surgeon will have the credit of causing the injury. I have had many patients present themselves to me with such accidents—some of them very much frightened, and insisting on having a search made until the foreign body was found. Or they had already undergone an operation, with extensive incisions which exposed the tendons and ligaments, making a trivial thing one of a serious character.

One invariable rule should guide the surgeon in such cases. When the foreign body can be seen or felt, no difficulty will be experienced in its extraction. A pair of closely-fitting forceps, after cutting down on to where you have fixed it with your fingers, will generally do it without trouble. But in all cases where it is *out of sight*, and cannot be *distinctly felt*, let it alone, quiet your patient's fears by assuring him that no harm will result, and you will not have cause to regret the course. I never used the scalpel in a case where the needle was not in sight nor could be felt, but what I regretted it; and, what is of more consequence, the patient did the same. On the other hand, I never left one to nature, but both patient and myself were glad in the end.

Syracuse, N. Y., March 12, 1851. A. B. Shipman.

SINGULAR CASE OF GUN-SHOT WOUND.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I send you the following case, which has the interesting feature of being an exception to a general rule, and constituting one of a class which writers on military surgery have ever seemed anxious to collect and record.

On the 7th of Feb., a gentleman of this city, Mr. I. Grenville Brown, went into the woods, to the camp of his brother-in-law, on a hunting excursion. Having loaded his gun, a double-barrelled one, at the camp, he went forth in search of game; but stopping a few moments on his way to witness the operations of some lumbermen, in order to get a good view he mounted a low stump and placed the gun by his side, the butt resting upon the snow. While in this position, the gun suddenly settled in the snow, and, in the act of drawing it up, the muzzle being on a level with the hip-joint, the contents of one of the barrels were discharged, and the ball entered the right side. He was borne to the camp, and messengers immediately despatched for Drs. McRuer of Bangor, and Bradbury of Oldtown. Upon their arrival, it was ascertained that the ball had entered the flesh nearly opposite the last false rib, taken a direction upward and forward, struck upon the lower border of the tenth rib, and entered the cavity of the abdomen. Nothing more was seen of its course until it made its appearance again at the union of the cartilage of the second rib with the sternum, about one inch from the centre of that bone. It being impossible to secure requisite attendance at the camp, he was brought, by easy stages, and in a horizontal position, to this city.

There was but little hemorrhage from the wound, his principal symptoms being great distress and prostration, a short, hurried and extremely laborious respiration, pain in the right shoulder, and excessive faintness and nausea. These symptoms seemed to warrant the opinion that the pleura had been injured, if, indeed, as the pain in the shoulder indicated, severer injuries had not been inflicted. In a few days, however, the violence of these symptoms abated, and at the expiration of three weeks Mr. Brown was able to ride out, and, in a few days after, to take the reins in his own hands. The flesh wound, extending from the first entrance of the ball to its disappearance beneath the ribs, a distance of one and a half inches, presented the discolored appearance peculiar to such wounds, suppurated, and discharged pus from the orifice below.

In the days when wars were fashionable, numerous were the hair-breadth 'scapes recorded by writers on military surgery, some of them, indeed, taxing our credulity to an almost unjustifiable extent; but in modern times we are occasionally called upon either to doubt the evidence of our own senses, or believe in events which well nigh border on the miraculous and impossible; such, for instance, as the celebrated crow-bar case—the report, in a Philadelphia periodical, of the pierced heart, and numerous others involving less important organs, but wonderful in their result. Death seems experimenting with his darts, or some potent "Hornbook" thwarts his purposes, and compels the old lament:

"'Twas but yestreen, nae further gane,
I threw a noble dart at ane;
Wi' less, I'm sure, I've hundreds slain;
But Diel-ma-care,
It just played dirlie on the bane,
And did nae mair."

Respectfully Yours, EDWARD M. FIELD.

Bangor, Me., March, 1851.

HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

IT would be a thankless and futile labor to attempt a philosophical discussion of the claims of homœopathy, for the mass of unprofessional readers: not because people of common sense and common intelligence are incompetent to investigate the subject; but because they are unwilling, or unable, to bestow the requisite amount of time and labor. Without this investigation, its agreement or disagreement with facts, and with the commonly-received principles of medical science, cannot be understood. When Hahnemann first announced his hypothesis, it was regarded not only by the profession, but by the world, as one of those dreamy and mystical theories which have characterized every age, and which glimmer and flicker through their day, to be forgotten. In the United States, homœopathy claims to be gaining favor. The causes of this advancement, if, indeed, it should be admitted, might probably be found in circumstances that have little to do with its intrinsic merits. One of these is the fact, that for the last few years we have been favored

with an exemption from disease, both in respect to its severity and amount, for a long time before unparalleled. Where but little medication is necessary, or if the necessity for this little is ever questionable, it is obvious that a system like homœopathy, irrespective of its real merits, will maintain a decided advantage over other methods, which are more formidable in their consequences, if misapplied, and more distasteful and repulsive to the invalid. It has, therefore, become a matter of no trifling importance, not merely with the physician, but with patients, that its claims to confidence should be understood. If this crotchet of the German enthusiast, for it can hardly aspire to the dignity, even, of a theory, is founded in truth, it will assuredly be sustained and established by facts. Under such circumstances what should be expected from the people, who are so deeply interested in settling the claims which two opposite systems of medical practice present? Indeed, how few are yet sufficiently informed to say, what *is* the question.

Allopathy, by which term the commonly-received method of treating disease is designated, is an attempt to cure it, "by the production of a *condition* of the system, either *different from*, *opposite to*, or *incompatible with*, the condition essential to the *disease* to be cured." On the other hand, homœopathists claim "to cure *disease*, by agencies which are *identical with*, or *similar to*, the *causes* which produce it." And here it may be in place to inquire what they will do with that formidable class of diseases, the *causes* of which are admitted to be yet unknown. By what rule will they select the remedy which must be *identical with*, or *similar to*, the *cause* of the malady? Allopathy admits its ignorance of the *causes* of many diseases; and yet treats these same diseases successfully, the *condition* of the system constituting the disease being discoverable, and understood. In addition to all this, homœopathy claims a potency for infinitesimal doses of medicine, especially when modified by certain *shakings*, which is strangely at variance with all fact and all experience, in all other departments of natural science.

In regard to the efficiency of homœopathy, for good or for evil, taking its own statements of the quantities and the kinds of medicines which constitute its doses, for truth, on the principles recognized by allopathy, they will prove inoperative, and therefore harmless. But on its own theory of multiplied potencies, so mystically related to infinite dilutions, and cabalistic shakings, surely it is madness to entrust their administration to those who do not even pretend to a knowledge of the animal structure; or of the laws which govern it, either in health or disease. If an *ague*, produced by a specific *miasm*, and to be cured by its *like*, is appropriately treated with the *fortieth dilution*, intensified with *forty shakes*, the *forty-first* would—inevitably blow the patient to the moon! If homœopathists will insist on our allowing their claims, they should permit us to rebuke them for committing their potencies to such palpably incompetent keeping.

Ignorance, and fanaticism, and cupidity, have certainly monopolized homœopathy, to the general exclusion of honest and intelligent men, as converts to its doctrines, and we might properly leave the matter to find

its own way to oblivion. Its disciples and dispensers, by the hundred, are palpably incompetent to understand the subject; and, in many instances, incontinently betray, and sometimes even avow, that *lucre* was the great *argument* in their conversion. If any among these are entitled to our respect for their intelligence, cultivation and good principles, we admit that for them, badinage or ridicule would be inappropriate and unjust. At the same time it should be borne in mind, that the fact of its numbering such men among its converts is no proof of its truth. Innumerable instances, in the various departments of moral and intellectual, no less than natural science, have occurred, where intelligent and honest men have been the zealous advocates of systems of error and absurdity, that have finally exploded. But with the mass, reasoning may be out of the question. Homœopathy, like all other theories, must rely on facts, and on its practical working, for ultimate triumph. The advocates of the system may claim that there has been insufficient time for an accumulation of these facts, or for their practical working; and that the practice of homœopathy, in the hands of uncultivated and irresponsible individuals, is no test of its merit. Let them commit it, then, to competent hands—if, indeed, competent men will take the trust.

In the mean time it must be obvious, in relation to the two systems, that there can be no middle ground for compromise. If we establish the truth of *either*, the utter fallacy of *the other* is equally proven. They are wide asunder as the poles, and the *middle ground* would prove as impracticable and untenable, as a farm in Symmes's Hole; and the "good Lord—good devil" policy, which dictates the indifferent dispensation of *either* system, according to the fancy of our patrons, deserves the reprobation of all who will admit that sheep-stealing is felony.

Very fortunately, all errors in medical practice are not equally mischievous. While we claim the general truth of allopathy, we admit there are incidental evils—*not* consequent—which prove, clearly enough, that error may be so incorporated with truth as to render the latter not merely inoperative, but positively injurious. The indiscriminate, inappropriate, or excessive medication of the ignorant or reckless allopathist is always *positively* hazardous, generally injurious, and sometimes fatal; while the ministrations of homœopathy will often prove harmless, or only *negatively* injurious, though sometimes also fatal. The preference of the latter to the former, on the ground of its comparative harmlessness, is palpably absurd. It is akin to the philosophy of Graham, who would substitute saw-dust for bread, because, forsooth, excess in the latter might induce repletion or apoplexy.

But if medical science may have formerly erred in the amount, or severity of its ministrations, the present century has been distinguished, thus far, by great and important discoveries, in all its departments, and by corresponding improvement in its principles and practice; so that, at the present moment, homœopathy itself overmatches it, in the matter of *dosing*. But the great evil of the times is to be found beyond the precincts of homœopathy, or allopathy. The people are obstinately bent on believing that medical science, whether *a la* Galen, or Hahnemann, or Græffenberg, is all comprised in the art of stuffing the human

stomach with medicine. Unprincipled speculators have seized on this infirmity of the human biped, and have used it for the advancement of their own fortunes, by deluging the earth with a flood of remedies for all diseases, imaginable and unimaginable. And these have been greedily swallowed—and have cost the world more lives than allopathy and homœopathy, and all other pathies, past, present, or to come, will save—and more money than they will realize in a century. It will be no inglorious achievement, if homœopathy succeeds in supplanting this destructive artillery of irresponsible mountebanks, with its own unshotted pop-gun. PRO RE NATA.

ST. AUGUSTINE, FLORIDA, A RESORT FOR INVALIDS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A gentleman here having received, to-day, a letter from a friend in St. Augustine, who was sent thither last autumn for "ministers's throat ail" (morbus laryngæus locutorum), I forward, by his permission, extracts for your Journal, which will tend to keep the profession acquainted with the various movements of invalids, and with the true character and worth of medical localities. Ever yours, PONS LIGNI.

Saratoga Springs, 15th March, 1851.

"I intend to return about the first of May. I dare not go sooner, as the change of weather will be greater than you can well conceive. For the last three weeks it is not to be described. The thermometer has ranged (it is now March 1st) from 70 to 80, and thin clothes are beginning to be safe. The amusements here are varied. *Fishing* is fine. Fish of the rarest kind fill the waters. Sheepshead, drum, sea trout, bass, sea bass, kingfish, Lafayette, green turtle, and myriads upon myriads of oysters and clams. *Shooting.*—Snipes of the largest size, ducks, quails, doves in large flocks, cranes without number, pelicans (brown and white), larks, &c. I have been in pursuit of deer twice, and have come in sight of them. But it requires a man of more skill and practised nerve to take an animal so shy. The woods are well stocked with them; and the man who is cool and knows how to do the thing, is sure to get at least one a-day. I shall miss venison more than any article of food when I return to the North. It is by far the best meat I ever ate. Tender as a chicken, and of the most delicate flavor, venison proves tempting to the invalid. Still, give me a northern home. I am very idle.

"We are in the midst of spring. My general health greatly improved, weight and vigor increased, and throat much improved, but not well. I am aware I need a long time to recover, and fear I may have to spend another winter in idleness here."

CHLOROFORM IN A CASE OF HYDROCEPHALUS AND CONVULSIONS.

[FROM an address of Dr. N. Martin, of Dover, N. H., before the Dover Medical Association, we copy the following case. It is taken from the New Hampshire Journal of Medicine.]

On the 12th ult., about 2 o'clock, P. M., I was summoned in haste to attend the child of Col. G., whom the messenger said was in convulsions, if not in a dying state. In a few moments I was there, and found the patient in a very convulsed condition; the head of enormous size; every muscular fibre rigidly tense; the eyes glared, and had a strained obliquity to the right side; the extremities twitched past restraint; the face livid; the breathing irregular and attended with a suffocative rattle; the pulse rapid and small; feet cold, and, in fine, the whole aspect of the case presented a most unpromising and distressing picture.

I soon learnt the child had been hydrocephalic from early infancy; hence the extraordinary size of the head, which was twenty-four inches in circumference, and sixteen and a half from ear to ear over the crown. The fontanelles are closed, and have been for two years. Her right arm and leg are shorter and smaller than their fellows. The development of her body is not equal to her age. She seems sensible and cheerful, and has a fair memory for retentiveness, and the attachment and solicitude of the parents are in proportion to her infirmities. She is unable to go alone, although in her 8th year. I was told that two years since she had an attack of convulsions, which lasted three hours, from which she barely recovered; and that ever since, upon fright or indigestion, she had been strongly threatened with a recurrence; that late in the afternoon she had attempted to raise herself to the sink for the purpose of washing her hands, as she had done sometimes before, and by some means slipped and fell upon the floor, her head striking with considerable force, and she receiving the combined effect of concussion and alarm. There was some little rigidity of the muscles and tendency to spasms at the time, and also a tendency to sleep; from which, however, she was soon aroused, and, dinner being in readiness, she partook of it with her accustomed freedom.

About half past 1 o'clock, P. M., she was observed to let the saliva flow from her mouth without restraint; and when her mother anxiously inquired why she did not swallow it, she replied that she could spit it out, and immediately became unconscious, and the convulsions commenced.

I directed the warm foot-bath, and napkins saturated with cold water applied to the head. The convulsed state of the lower extremities was such that the foot-bath could not be well applied, and I directed that it should be removed, and the extremities enveloped with a hot blanket. I then mixed in eight teaspoonfuls of warm water, about 15 grains of ipecacuanha, to which I added half a drachm of tincture of camphor, and attempted to get down a teaspoonful every few minutes, and succeeded in getting most of it into the stomach; and in the course of half an hour there were two acts of emesis, dislodging, I judged, most of the dinner the child had just taken. But there was no relaxation of the spasms, and no improvement in the condition of the child. To be sure, the extremities had become warm, but the face was more livid, the pulse was quicker and smaller, and colliquative perspiration was almost streaming from every pore. There the convulsed little creature was, locked fast in a defiant, clonic spasm; unyielding to what had been

done, and now swallowing was impossible. What was to be done? Nothing would avail soon. All were distressed around. I was pained at the prospect. Chloroform struck my mind; I directed two drachms; it was procured at once; I poured about half of it upon the corner of a handkerchief, and applied it to the nose of the rigid and almost pulseless patient. The anæsthetic fluid was presently inhaled into the lungs, and in a few minutes the rigidity of the muscles began to relax; but still they started, and the eyes fixedly stared. I poured the rest upon the handkerchief and applied; the spasms yielded; and in about fifteen minutes from the first inhalation of the chloroform, my patient was in a quiet slumber; the pulse filling up and slackening its speed; the lividity fading from the countenance, the colliquative sweat drying up, and we were all relieved of intense anxiety.

I directed the child should not be disturbed, but allowed to slumber until she awoke voluntarily. She slept six hours, and awoke as if nothing had happened. I gave a few grains of hyd. cum creta, which was followed in four hours with ol. ricini. This operated well. The case was cured.

I can but say, that in my judgment the success was mainly owing to the chloroform, and that I feel thankful for its discovery. And if it was admissible and safe in this case, with such a morbid condition of the brain, I can hardly conceive of a case of convulsions in which it would not be equally so.

PINS AND NEEDLES IN THE HUMAN BODY

[This subject happens to be a favorite topic just now among the correspondents of the London Lancet, as well as with our own. A writer, who signs himself "A subscriber to the Lancet," says:—]

It is now many years since a case occurred in which twenty, or perhaps thirty pins, were removed at different times from different parts of the body and limbs of a servant girl. The history is as follows:—She was engaged in hanging out clothes, having, as is often the case with girls, her mouth full of pins. Some young female visiters in a frolic stole quietly behind her, and gave her a smart slap between the shoulders. The girl's head being raised and thrown back at the time, she gave a sudden start, and down went the pins. Her sufferings were very great, and long-continued; and she became subject to fits, though she lived many years, and eventually died in child-bed; having, however, in the interval, had successively pins extracted from her arms, legs, and from the breasts.

I will beg to mention, as concisely as I can, another curious case, which, though not exactly classable with the above, is in its way of some interest. A man, who had complained of uneasy sensations about the lower part of the bowels, found one day a portion of worsted thread hanging down from the anus. On this being slightly drawn down, some pain and pricking sensations were felt, and, eventually, to shorten the narrative, by a little manipulation he was delivered of a large stocking

darning-needle, round which was wound a portion of worsted, with one end of it somewhat loose, and which had protruded at the anus. Now, had not this needle been coated, so to speak, with the worsted wound round it, the bulk of which prevented its puncturing and passing through the sides of the intestines, it may be assumed that it would have made its way to the skin—that being found impracticable, nature (if we may so speak) very kindly steered it through the entire tortuous channel of the convolutions of the intestines till it arrived at the exit.

I will just say, that the man recollected having had his throat pricked by something when eating his breakfast some time before, and his wife concluded that in making the household bread, the needle might have fallen from her handkerchief into the dough."

[J. H. Aveling, Esq., Surgeon, Aberdeen, writes as follows:—]

It has long been an established principle in the practice of surgery, when needles have become imbedded in the living tissues, not to make any exploratory incisions in search of them, but to wait until their presence can be distinctly felt, either by the probe or by the finger of the surgeon. This expectant mode of treatment, while it was the most judicious that could be adopted, so long as the exact situation of the foreign body was indicated only by the vague and indefinite, though sufficiently painful and distressing sensations of the patient, may, I think, be considerably curtailed in its duration; and when the intruding body is at all near the surface, it can, I believe, be completely dispensed with, by the following simple method:—A needle is to be magnetized by drawing a magnet along its surface about fifty times; it is then to be suspended by a fibre of silk attached by a piece of sealing wax to the centre of the needle, so that neither the eye nor point may dip more than the other. This suspended magnet should then be held over the suspected part, which should be shaved, if very hairy; when this magnetic indicator arrives over the part, the needle will dip and adhere to the skin, showing the exact point under which the body lies.

In two cases in which this mode of detection has been tried, the portion of needle sought for has been discovered and extracted, one of the needles having remained imbedded for three months.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 26, 1851.

EDITORIAL CORRESPONDENCE.

Grand Cairo, Dec. 25, 1850.—At the expiration of two months, within a few days, I have safely returned to Cairo, the capital of Egypt, after having examined in detail all that is worthy of examination, from one extremity of the country to the other. Its temples, tombs, grottoes, sculptured monuments, large and small, from the Sphynx before the Pyramids of Geezeh, to the minutest reliefs on columns and walls; from the unique paintings in the sepulchral chambers of Beni Hassen, to the hieroglyphics on the lofty monoliths before the towers of Karnak, have been studiously

noticed. A contract is now made with a sheik of the desert to take us to Hebron, and from thence the intention is to proceed to Petra, or, if thought best, keep on to Jerusalem, and afterwards make the journey from that city to the several places of historical interest contemplated in my travels in Asia Minor. Cairo is at this moment in a bustle of activity; as workmen are every where engaged in elevating flags, ropes, frames, and ingenious devices, for a grand illumination in honor of the return of the mother of Abbas Pasha from her pilgrimage to Mecca. She is fortunate in having been the mother of the viceroy, as she enjoys privileges in consequence superior to all other females, and may become a Mussulman saint.

In the course of inquiries into the sanitary condition of Cairo, since I left it to ascend the Nile, to my surprise it is ascertained that from the first of September a monthly bulletin has been issued by the government, which gives the births and deaths for each month. This document is sent to all the foreign consuls. From these reports the following items have been gathered. From the 1st to the 10th of September, there died, 56 males, 71 females, and 126 infants—total, 253. From the 11th to the 20th, 88 males, 83 females, and 116 infants—total, 287. From the 21st to the 30th, 59 males, 65 females, and 100 infants—total, 224. From the 11th to the 20th of October, 80 males, 87 females, and 121 infants—total, 288. From the 21st to the 30th, 101 males, 97 females, and 133 infants—total, 331. The births all the while show an increase of population. This is the first and only statistical publication in the country. It is believed that the exact population is known, as well as the exact resources of the different pacaliks; but there is policy in not having these matters known to the people, and consequently a census is not taken publicly.

Dec. 26th.—I have been in Egypt since the first day of November, and there has not been a storm of any kind. Christmas night the musquitoes were quite troublesome. This day I visited the site of the ancient city of Memphis, where Plato studied three years under the learned priests of that period. There is not now a single edifice where there was once a dense population; no, not even a mud hovel. For two miles in one direction, by nearly one in the other, there is a necropolis, probably unequalled for the number of human bodies that lie there. There are thousands of mummy pits—holes six and eight feet square, stoned on the side, of unknown depths, which appear originally to have been quite filled with mummies. A troop of ragged Arabs are perpetually digging for new pits, which they have the sagacity to find, under 10, 20, and 30 feet of sand, which has drifted over them. They are in search of treasure—such as rings, bracelets, &c. They rifle the bodies, when dragged to the surface, of whatever they consider marketable, and then leave them on the top of the ground. Such quantities of human bones are rarely seen; and a new interest attaches to them when it is considered that every one of them may have been buried a thousand years before Moses wrote the history of the creation. A phrenological cabinet of rare specimens might be collected within the space of a few square rods, and nothing be missed from the neighborhood. The head of a young female, bearing a rich covering of chesnut colored hair, in full ringlets, just torn from the trunk, was offered for a trifle.

Memphis—now called Metrehenny—presents strong claims upon the time and patience of the archæologist. There are specimens of sculpture buried there, of surpassing interest from their age, hardly inferior to those of Nineveh, which I have viewed with no ordinary feelings. Two beau-

tiful sphinxes, the size of fully grown lions, have been drawn out of a deep hole by the Arabs. I should have rejoiced in purchasing them for the Boston Athenæum, if possible. A gentleman informed me that the pasha had presented them to Baron Rothschild. Even if I could have bargained for them with the wild fellows who dug them up, they could not have been carried out of the country, as an officer searches all boats and baggage suspected of containing antiquities, the exportation of which is now strictly forbidden. These unique productions were from the hand of a master, and taken at a depth of at least 35 feet below the base of the largest pyramid at Sakkara, and not far from 300 feet west of it. The whole region is cut up into frightfully deep wells for holding mummies—some having been ascertained to be 75 feet deep. All that now remains of Memphis, by which to identify it, is a statue of Rhameses 2d, believed to have been sixty feet high. The portion that remains may be 30 feet. The figure lies on the face, in a mud hole, six feet below the common land level. The left arm, from the shut fingers to the shoulder, is apparently 12 feet. On my return, I passed a gay wedding—a veiled bride, going to the house of her husband, whom she had never seen, seated upon a led white horse, followed by a group of envious females. Soon after, I overtook a party of prisoners, tied together with cords and strongly guarded, bound to Cairo, to be flogged for not paying their taxes. Here poverty is a crime; yet capital punishment does not exist in Egypt. I am positively assured that such a thing as taking the life of an offender against the laws, is now unknown in this country. Criminals, whose lives were formerly taken in expiation of their offences, are now sent to the gold mines, near the White Nile, where they remain, while they live, in an awful place of labor, from whence they never can escape. Generally, they die in about a year.

Dr. Henry Abbott, of Cairo, before referred to—an eminent English physician, who has been a resident of Egypt eighteen years—intends visiting the United States early the coming season, with his extraordinary collection of Egyptian antiquities, with the view to their exhibition in the principal cities of the Union. Having been in and on the places where many of them were found, and leisurely inspected some of the most rare and valuable articles in the cabinet, I can speak with a degree of confidence in regard to the whole, as valuable and unequalled. Among them are a necklace of gold that belonged to Menes, the first king of Egypt, and the signet ring of Cheops, the builder of the great pyramid of Geezeh. These would be rare curiosities in America. Dr. Abbott has furnished me with important medical facts, which are to be published as opportunity offers hereafter. In regard to the plague, his opinion of its non-contagious character agrees with that of Clot Bey. Dr. Abbott visits plague patients as he does those affected by other diseases, without fear, and without any precautions.

Coffee and its Adulterations.—In our last number we spoke of the adulterations of arrow root. Although the samples examined contained nothing deleterious in the substances used for adulteration, nevertheless fraud was committed, and the perpetrators should be exposed.

Perhaps no commodity which is consumed by the public is more liable to be adulterated than coffee, when it is burned and ground, and as found in the shops for sale. The substances, as in arrow root, which are used in the adulteration of coffee, may not of themselves be injurious, but the

practice coming within the category of frauds in articles of general consumption, justly merits our attention. *Chicory* is extensively cultivated for the purpose, and enters largely into the composition of coffee. Corn, peas, beans, potato flour and rye, chesnuts, acorns, &c., are more commonly used; and to give the coffee a rich high color, sugar is burned with these substances. Out of thirty-four samples submitted to the London commission for examination, thirty-one were adulterated; yet they were all offered for sale as *pure coffee*, though of different qualities. The only protection from imposition with regard to this article, is to purchase the raw, or unburned, and prepare it ourselves.

In our next number we shall give pepper and its adulterations.

Loss of Health and Life in crossing the Isthmus of Panama.—Since the acquisition of California by the United States, and its discovered mineral resources, thousands of individuals have migrated there in pursuit of treasure, or for a permanent settlement. In the early part of the excitement attendant upon the discovery of the gold mines in those regions, the adventurers had either to cross the vast prairies and wilds, or to go round the continent in sailing vessels. In both cases the journey was not only perilous to life, but occupied much time in its accomplishment. Soon after, it was thought practicable to cross the Isthmus of Panama by the way of Chagres, Cruces, or Gorgona. Although much time was saved by this new route, yet it has been found more dangerous to the health and life of the voyager, than a passage round Cape Horn. Very few emigrants, so far as we can learn, have escaped a sickness contracted by this pestilential passage. With such facts, which are well established, it becomes highly necessary to have some other route, by which the traveller to California may get rid of the infectious miasm that exists on the Isthmus of Panama. Strong appeals have been made to the general government for a charter to build a railroad from St. Louis to San Francisco; yet very little attention has been paid by Congress to the prayer of the petitioners. That the object is not only desirable, but feasible, cannot be doubted. Men possessing the confidence of the community for their worth and enterprise, have offered to build the road, with the aid to a certain extent of the government, in the short space of *four years*, yet their offer has not been accepted. It has often been asked, what is the *value of health and life?* No one has yet been found who could compute it by dollars and cents. Now in view of the value that every one sets upon his own health and life, should the government be influenced to lend its aid in favor of one of the greatest and most salutary undertakings of the day. It is not our purpose to discuss the policy of governmental interference in this matter, or the great question of constitutionality, as our Journal would not be the proper medium, if we were so disposed; but where the health and lives of individuals are in question, it is our peculiar province to speak on the subject. It may safely be computed that 3000 persons have lost their lives in going to California by the Cape Horn and Isthmus routes—a number sufficient to have contributed largely towards building a railroad across the plains. Travellers who have crossed the Isthmus of Panama agree that it is a *gauntlet*, which they never wish to pass through again; that it is the very place where fevers, cholera, &c., can peculiarly claim their origin. There can be no doubt that it is among the very worst of unhealthy places. It is in view of such facts, that we are prompted to express ourselves in favor of another

and more healthy route, such a one as has been proposed by Mr. P. P. F. Degrand, and strongly advocated by Mr. Plumbe and other distinguished and enterprising citizens of the United States.

Meeting of the Apothecaries of Boston.—Being present at the meeting of the apothecaries of this city, last week, we were much pleased with the manner in which their deliberations were conducted. There seemed to be the proper spirit exhibited, and we have no doubt the greatest good will follow their organization. All that is wanted now to complete their undertaking, is a charter from the Legislature, which, we believe, it is the intention to apply for at the present session. It is hoped that before many months, the apothecaries of this city will have the same facilities afforded them, and their apprentices, that their brethren of Philadelphia and New York have. It affords us much pleasure to find that our suggestions respecting a college of pharmacy have been so cheerfully responded to by the apothecaries of this city. We felt that there was need of such an institution; one that would elevate the standard of pharmaceutical science among us. There can be quackery and empiricism among apothecaries, as well as among the practitioners of medicine, and it is our desire to see both departments completely purged of anything that looks like either.

Skey's Operative Surgery.—Blanchard & Lea, Philadelphia, have republished the excellent book of Mr. Skey on operative surgery. It is a practical treatise, and written in a style that at once makes one familiar with the author's views respecting the art which he endeavors to teach. There is much matter in it that is entirely original with the author; and that which is borrowed, is so arranged that the subject is clear and comprehensible. In an index for the purpose, may be found a list of instruments and apparatus required for special operations, which is very convenient in a work on operative surgery. The only thing we can find any fault with, is the bad execution of some of the wood cuts. It would be quite as well not to illustrate the subject of the text at all, unless it could be done in a manner worthy of it. In the copy before us, many of the plates are quite unintelligible. Ticknor & Co., Washington street, are the publishers in this city.

The Claims of Medical Men.—A discourse occasioned by the death of Dr. Joseph Torrey, delivered in Beverly, by Rev. George T. Dole, is most beautifully written, and characterized by a proper sentiment. The physician's services and worth are faithfully appreciated by the writer, showing that he perfectly understands the hardships to which the physician is subjected. As we mentioned on a previous occasion, the reverend clergy are not apt to pay a due tribute of respect to physicians. When such are found, therefore, who appreciate their services, and in such a public manner declare in their favor, it certainly softens our feelings towards them as a body. In speaking of the claims of medical men on the esteem and gratitude of the community, the author says, "Few, if any, private or public men have higher claims on the gratitude and affection of those whom they serve, than the well-qualified and faithful physician."

Congestive Fever at the South.—A treatise on congestive fever, being a paper read before the Medical Society of Montgomery, in Alabama, by S. Ames, M.D., a pamphlet of 63 pages, is written with much care, and treats in detail of that "pernicious" fever of southern climates, which those in more northern latitudes are nearly exempt from. We should infer, from Dr. Ames's paper, that it was quite as fatal in its effects as cholera, many of the symptoms of which it simulates. We are much obliged to Dr. Ames for the copy sent us, and shall take pleasure in giving it a more thorough perusal.

Massachusetts General Hospital.—The annual reports of the several officers of the Massachusetts General Hospital, as presented to the corporation, have been received. It appears that there have been admitted to the Allen Street Hospital, during the past year, 746 patients, of whom 442 were males and 301 females. Of this number, 363 were discharged well, 200 relieved, 49 were not treated, 56 not relieved, and 76 died. Ninety-six cases of accidents were received during the year.

The number of patients admitted and under treatment at the McLean Asylum for the Insane, located at Somerville, was 357, 175 of whom were males and 182 were females; 157 of this number were discharged, 78 of whom had perfectly recovered.

The death of the late Dr. Fisher, one of the physicians of the Allen Street Hospital, is feelingly alluded to in the report of the trustees. With the exception of the resignation of Dr. Holmes and the appointment of Dr. Perry, the Hospital staff remains the same, and we feel quite confident that a better one does not exist in any hospital in the United States. Dr. Bell, the able superintendent of the insane department, in his excellent report, recommends that no more than the present number (200) of patients ever be admitted at one time, as "the entire concurrent voice of all experienced persons in Europe, and at home, has pronounced earnestly against the accumulation of large numbers of the insane in single institutions."

Anatomical Dissections in the State of New York—The following Act was lately introduced into the New York legislature by Dr. Tuthill, of Suffolk, and will probably become a law of the State. It is copied, nearly verbatim, from the act, in our own State laws, relating to the practice of physic and surgery.

"Section 1. Any physician or surgeon duly qualified according to the law of this state, or any medical student, under the authority of any such physician, may have in his possession, human bodies, or parts thereof, for the purposes of anatomical inquiry or instruction.

"§ 2. Either of the following board of officers, to wit, the overseers of the poor of any town of this state, and the commissioners of health, the city inspector, or the mayor and aldermen of any city of this state, may surrender the dead bodies of such persons, as are required to be buried at the public expense, to any regular physician, duly qualified according to law, to be by him used for the advancement of anatomical science; preference being always given to the medical schools, by law established in this state, for their use in the instruction of medical students.

"§ 3. No such dead body shall in any case be surrendered, if the deceased person, during his last sickness, requested to be buried, or if, within twenty-four hours after his death, any person claiming to be of kindred or

a friend to the deceased, and satisfying the proper board thereof, shall require to have the body buried, or if such deceased person was a stranger, or traveller, who suddenly died before making himself known; but the dead body shall in all such cases be buried.

"§ 4. Every physician shall, before receiving such dead body, give to the board of officers surrendering the same to him, a sufficient bond that each body, so by him received, shall be used only for the promotion of anatomical science or instruction, and that it shall be used for such purpose within this state only, and so as in no event to outrage the public feeling."

Northern Dispensary, New York.—From the Annual Report of the Trustees of the Northern Dispensary of the city of New York, to the Legislature of the State, we learn that—

"During the year 1850, their dispensary has furnished medical attendance and medicine to 19,047 individuals as recipients of their institution, of whom 8,090 were attended at their dwellings, and 10,957 were attended at the dispensary. Of these individuals, 5,140 were born in the United States, 12 680 in Ireland, 480 in England, 317 in Scotland, 251 in Germany, 149 in other countries. 615 of the above-mentioned individuals were also vaccinated."

Suffolk District Medical Society.—On Friday next, 28th instant, at 7½ o'clock, P. M. (Masonic Temple), Dr. Samuel Parkman will deliver the annual address before the Suffolk District Medical Society. Medical students and gentlemen interested in medical matters are invited to be present.

The meeting for medical improvement, will be held at their rooms, Masonic Temple, on Saturday evening next, 29th inst., at 7 o'clock.

The annual meeting for the choice of officers, and to elect "five Censors, and also Counsellors for the Massachusetts Medical Society for the subsequent year," will be held on Wednesday, April 2d, at half past 3 o'clock, P. M.

Health of New Orleans.—It is once more our good fortune to announce a continuance of excellent public health. During the months of January and February, the city has been exempt from most of our usual winter diseases, save a few cases of pneumonia, measles, pleurisy, and a few sporadic attacks of variola. But these have rather been exceptions, especially in private practice.—*New Orleans Medical and Surgical Journal.*

To Correspondents.—Papers have been received from Drs. Edward Warren and Hiram Allen, and will have an early insertion.

Married,—In Portsmouth, N. H., Dr. W. A. Mack, of Chichester, N. H., to Mrs. Ellen S. Naylor, of Portsmouth.

Died,—At San Francisco, Feb. 9, Dr. James Swan, of Springfield, aged 25 years.

Deaths in Boston—for the week ending Saturday noon, March 22, 69.—Males, 38—females, 31.
Accidental, 2—Disease of the bowels, 1—bronchitis, 1—consumption, 17—cancer, 1—canker, 2—croup, 2—debility, 1—dysentery, 2—dropsy of the brain, 4—erysipelas, 1—typhus fever, 3—typhoid fever, 2—scarlet fever, 2—lung fever, 1—hooping cough, 1—disease of the heart, 2—infantile, 1—inflammation of the lungs, 1—congestion of the lungs, 1—measles, 8—old age, 2—palsy, 2—pleurisy, 1—puerperal, 1—smallpox, 1—scald, 1.

Under 5 years, 28—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 11—over 60 years, 5. Americans, 35; foreigners and children of foreigners, 34.

The above includes 8 deaths at the City Institutions.

Massachusetts College of Pharmacy.—The annual meeting of the Massachusetts College of Pharmacy, for the choice of officers, was holden at the Tremont House, Boston, on Wednesday, the 19th inst. A number of new members were admitted, and the following gentlemen were chosen the officers for the ensuing year.

Thomas Farrington, *President;* Joseph Burnett, *Vice President;* Henry Ware Lincoln, *Secretary;* Samuel N. Brewer, *Treasurer;* Joseph Kidder, *Auditor;* William A. Brewer, *Corresponding Secretary;* William Brown, Henry D. Fowle, Andrew Geyer, Ashel Boyden, *Trustees.*

The following gentlemen were chosen a committee to consider what measures were necessary to increase the usefulness of the college to its members and the public, and report at a future meeting:—Dr. George S. Jones, Joseph Burnett, S. M. Colcord, W. B. Little, G. W. Parmenter. Subsequently the President and Secretary were added to the committee.

The meeting was well attended, and remarks were made by several of the members; and an interest was exhibited which guarantees continued strength to the institution, and its usefulness to the community.

Voted, That the proceedings be published in the Boston Medical and Surgical Journal. Per order,

HENRY WARE LINCOLN, *Sec'ry.*

Alleged Uncertainty in Medicine.—Dr. Thompson, President of the New York State Medical Society, in an address at the last annual meeting of the Society, thus compares the medical profession with the other professions in regard to certainty in its results.

"When compared with the other professions, its character is vindicated, and it rises in our estimation, for it may be questioned whether the results of its practice are any more doubtful than those of the law, which also has been stigmatized for its 'glorious uncertainties.' In a subject like theology, which treats of man's eternal destiny, concurrence of opinion might be expected. Its doctrines, however, find no more agreement among theologians and polemical writers than do the accredited principles of medical science among well-informed and cultivated medical men. In the science of politics, in the laws which regulate the commerce and mutual intercourse of nations, in the systems and processes of agriculture, in the arrangement of society, and its government by laws whose principles and modes of action shall prove most successful in directing its interests and regulating its business affairs, men differ widely in their judgments and the greatest dissimilarity of opinions prevails. Why, then, amid this discrepancy of judgments, and difference of opinions, should medicine be held up above all, conspicuous for its uncertainties, or for its lack of settled principles?"

Rhode Island Medical Society.—In the list of delegates to the next meeting of the American Medical Association, published March 12th, the name of Dr. S. Augustus Arnold appears. After the appointment had been made, Dr. Arnold declined, and Dr. Sylvanus Clapp was appointed in his place.

Meeting of the American Medical Association.—The Editors of the Charleston Medical Journal and Review will see, by the number of this Journal for March 5th, that the error copied from them was corrected previous to the receipt of their request.